

CHILD SUPPORT DIRECT DEPOSIT

-AUTHORIZATION AGREEMENT-

STATE OF NEW HAMPSHIRE - DEPARTMENT OF HEALTH AND HUMAN SERVICES

INSTRUCTIONS

To sign up for child support Direct Deposit, please read the back of this form and fill in the information requested in Section 1. After you have completed Section 1, take or mail the form to your financial institution (e.g., your bank or credit union). Your financial institution will verify the information you provided in Section 1, and will complete Section 2. Send the original of the completed form to the **New Hampshire Office of Finance – Child Support Unit** at the address identified on the reverse side of this form.

You must keep the New Hampshire Division of Child Support Services informed of any address changes in order to ensure uninterrupted child support direct deposit.

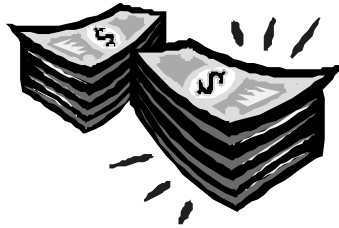
SECTION 1 (TO BE COMPLETED BY THE PAYEE)

TYPE OF TRANSACTION <input type="checkbox"/> New <input type="checkbox"/> Change	
NAME OF PAYEE (Last, First, Middle Initial) ADDRESS (Street, P.O. Box) CITY STATE ZIP	TELEPHONE NUMBER <div> <div>□□□</div> <div>□□□</div> <div>□□□□</div> </div> Area Code SOCIAL SECURITY NUMBER (For Identification Purposes Only) <div> <div>□□□</div> <div>□□</div> <div>□□□□</div> </div>
PAYEE CERTIFICATION <i>I Certify that I have read and understood the back of this form (or page 2 if Internet (I) version). In signing this form, I authorize my child support payment to be sent to the designated account. I also authorize the Department of Health & Human Services to adjust any deposit made in error and to deduct the amount of the error from my account or future payments.</i> _____ SIGNATURE DATE	JOINT ACCOUNT HOLDER'S CERTIFICATION (Optional) <i>I certify that I have read and understand the back of this form, including the Special Notice to Joint Account Holders.</i> _____ SIGNATURE DATE

SECTION 2 (MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:	ROUTING NUMBER CHECK DIGIT <div> <div>□□□□</div> <div>□□□□</div> <div>□</div> </div>
	DEPOSITOR ACCOUNT NAME
DEPOSITOR ACCOUNT NUMBER <div>□□□□□□□□□□□□□□□□</div>	TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings
FINANCIAL INSTITUTION CERTIFICATION <i>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment in the account named above.</i> _____ REPRESENTATIVE'S NAME (Print or Type) SIGNATURE OF REPRESENTATIVE TELEPHONE DATE	

DIRECT DEPOSIT



- **FASTER AND EASIER ACCESS TO YOUR CHILD SUPPORT**
- **NO MORE LOST OR STOLEN CHECKS**
- **NO MORE LONG BANK LINES**

WHAT IS DIRECT DEPOSIT?

Direct deposit is also known as electronic funds transfer (EFT). As a recipient of child support services you can authorize the New Hampshire Department of Health & Human Services (DHHS) to deposit your child support payments directly into your account.

HOW DOES IT WORK?

DHHS electronically 'tells' your bank to credit your account. In most instances, the payment will be received at your bank within two business days after DHHS disburses the payment from your case.

HOW DO I SIGN UP FOR DIRECT DEPOSIT?

To ensure that only authorized individuals see your account information, please use the enclosed envelope to return your direct deposit request. Complete authorization form on reverse side according to directions and mail the original form to the *New Hampshire Office of Finance - Child Support Unit* at the following address:

**Department of Health & Human Services
Office of Finance - Child Support Unit (DDP)
129 Pleasant Street
Concord NH 03301-3857**

The information on the back of this form will be used to process payment data from the Department of Health & Human Services to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit Program.

ACCESS TO ACCOUNT

Once the direct deposit is electronically completed, any questions regarding access to the funds are between the payee and the financial institution. **All inquiries and liabilities regarding access to funds must be addressed to the financial institution.**

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Department of Health & Human Services and the financial institution of the death of an account holder. Funds deposited after the date of death or ineligibility of the Child Support payee are to be returned to the Department of Health & Human Services. Each joint account holder hereby irrevocably directs the financial institution, upon notice and request of the Department of Health & Human Services, to return such funds to the Department of Health & Human Services. The financial institution will be held harmless by the Department of Health & Human Services for any claim arising in connection with this procedure.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by *written* notice to the Department of Health & Human Services or by death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that she/he is doing so. The agreement is deemed to be cancelled upon the closing of the account in the financial institution.

The agreement represented by this authorization may be cancelled by the financial institution by providing the payee a written notice *postmarked* 30 days in advance of the cancellation date to the address listed on the account. The payee must *immediately* advise the Department of Health & Human Services if direct deposit is to be cancelled by the financial institution. The financial institution cannot cancel the authorization solely by advice to the Department of Health & Human Services.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's direct deposit will continue to be received by the selected financial institution until cancelled *in writing* as provided above, or until the Department of Health & Human Services and the financial institution are notified by the payee (*in writing*) that the payee wishes to change the financial institution that is receiving direct deposit. In addition, the payee will complete a new copy of this form with the newly selected financial institution. *It is recommended that the payee maintain both accounts at both financial institutions until the transition is complete, i.e., after the new financial institution received the payee's first direct deposit payment.*

FALSE STATEMENTS OR FRAUDULENT CLAIMS

State law provides a fine of not more than \$2,000 or imprisonment for not more than one (1) year or both for giving false information in connection with making a written or electronic false statement that the party does not believe to be true (NH RSA 651:2 and 641:3).